

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL****FOR: HEALTH CARE FINANCING ADMINISTRATION**

1. TRANSMITTAL NUMBER:

0 1 — 0 3 4

2. STATE:

Arkansas

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL
SECURITY ACT (MEDICAID)TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

April 1, 2002

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

42 CFR 440.167

7. FEDERAL BUDGET IMPACT:

a. FFY 2002 (\$ 864,074.00) Savings
b. FFY 2003 (\$1,767,164.00) Savings

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 3.1-A, Page 10a

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):

Same, Approved 12-19-97, TN 97-21

10. SUBJECT OF AMENDMENT:

The Arkansas Title XIX State Plan has been amended to reflect a revision in the personal
care benefit limit for recipients over age 21.

11. GOVERNOR'S REVIEW (Check One):

- ☒
- GOVERNOR'S OFFICE REPORTED NO COMMENT
-
- ☐
- COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
-
- ☐
- NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☐ OTHER, AS SPECIFIED:

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME

Ray Hanley

14. TITLE:

Director, Division of Medical Services

15. DATE SUBMITTED:

December 17, 2001

16. RETURN TO:

Division of Medical Services
P. O. Box 1437
Little Rock, AR 72203-1437Attention: Binnie Alberius
Slot ~~XXXX~~ S295**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED:

20 December, 2001

18. DATE APPROVED:

29 January, 2002

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

01 April, 2002

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:

Calvin G. Cline

22. TITLE:

Associate Regional Administrator
Division of Medicaid and State Operations

23. REMARKS:

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM
STATE ARKANSAS

ATTACHMENT 3.1-A
Page 10a

AMOUNT, DURATION AND SCOPE OF
SERVICES PROVIDED

Revised: April 1, 2002

CATEGORICALLY NEEDY

25. Home and Community Care for Functionally Disabled Elderly Individuals, as defined, described and limited in Supplement 2 to Attachment 3.1-A, and Appendices A-G to Supplement 2 to Attachment 3.1-A.

Not provided.

26. Personal care services furnished to an individual who is not an inpatient or resident of a hospital, nursing facility, intermediate care facility for the mentally retarded, or institution for mental disease that are (A) authorized for the individual by a physician in accordance with a plan of treatment, (B) provided by an individual who is qualified to provide such services and who is not a member of the individual's family, and (C) furnished in a home.

Personal care services are medically necessary, prescribed services to assist clients with their physical dependency needs. Personal care services involve "hands-on" assistance, by a personal care aide, with a client's physical dependency needs (as opposed to purely housekeeping services). The tasks the aide performs are similar to those that a nurses aide would normally perform if the client were in a hospital or nursing facility.

For individuals age 21 and older, personal care services are provided in the client's home or other specified locations. Locations outside the home are: (1) Residential care facilities, (2) DDS Community based residential home and (3) DDS group homes.

For individuals under age 21, personal care services are provided in the client's home or other locations as mandated by the Omnibus Budget Reconciliation Act (OBRA) of 1993. Effective for dates of service on or after December 1, 1997, prior authorization is required.

Personal care services are covered for categorically needy individuals only.

Effective for dates of service on or after April 1, 2002, for services beyond 32 hours per calendar month, per recipient over age 21, the provider must request an extension. Extensions of the benefit limit will be provided for recipients over age 21 if determined medically necessary.

SUPERSEDES: TN- AR-97-21

STATE <u>Arkansas</u>	A
DATE REC'D <u>12/20/01</u>	
DATE APPV'D <u>01/29/02</u>	
DATE EFF <u>04/01/02</u>	
HCFA 179 <u>AR-01-34</u>	



**DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services**

Calvin G. Cline

Associate Regional Administrator, Medicaid and State Operations

1301 Young Street, Room 827
Dallas, Texas 75202
Phone (214) 767-6301
Fax (214) 767-0270

January 29, 2002

Our Reference: SPA-AR-01-34

Mr. Ray Hanley, Director
Division of Medical Services – Slot 1103
Arkansas Department of Human Services
Post Office Box 1437
Little Rock, Arkansas 72203-1437

Dear Mr. Hanley:

We have enclosed a copy of HCFA-179, Transmittal Number 01-34, dated December 17, 2001. This amendment revises the number of hours the State covers for personal care services for recipients over age 21.

We have approved the amendment for incorporation into the official Arkansas State Plan effective April 1, 2002. If you have any questions, please call Bill Brooks at (214) 767-4461.

Sincerely,

Calvin G. Cline
Associate Regional Administrator
Division of Medicaid and State Operations

Enclosure

cc: Elliott Weisman, CMSO

